

SUBCOMMITTEE ON LABOR, HEALTH & HUMAN SERVICES,
EDUCATION, AND RELATED AGENCIES

FY23 Community Project Funding Request Form

Please fill out the following:

1. Requesting Entity (Legal Title):
2. Full Address (Please write on one line):
3. Requesting Entity Staff Contact Information: Name/Title/Business Phone/Cell Phone/Email:
4. Project Name:
5. Funding Amount Requested:
6. Total Cost of Project and breakdown of funding sources (Detail all local, state and/or private funds. Are these funds secured, expected, or you are still seeking?):
7. Description of the Project (1,000 characters max):
8. Project Justification (Need for the project):
9. Justification for why the project is an appropriate use of taxpayer funds and is a public benefit:
10. If you are a public entity, is the project on your Capital Improvement Program: (Please provide documentation or explain why not)
11. Explanation of how the federal funds will be spent (for example, on equipment, construction, labor, etc.):
12. Appropriations Bill Information (If you do not know this information, leave it blank)
13. Appropriations Bill for the Request:
14. Federal Agency for the Request:
15. Account for the Request:
16. Cities in which the project is located and will be performed:
17. Are you submitting this request to another Member of Congress? Yes or No

Please provide the information below for funding requests for the Workforce Innovation and Opportunity Act demonstration program:

- 1) Information on direct services to individuals to enhance employment opportunities;
- 2) Identify evidence of a linkage with the State or local workforce investment system
- 3) Identify an evaluation component.